12-02-04

Complete and send this form, together wi pplicable fee(s), to: Mail Mail Stop ISSU EE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected to maintenance fee notification	below or directed otherwise	smitting the ISSU! Patent, advance ord in Block 1, by (a)	E FEE and PUB ders and notificat specifying a nev	LICATION FEE (if requion of maintenance fees was correspondence address	ired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for		
CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for 90 08/30/2004	any change of address)	PE	Fee(s) Transmittal. The papers. Each additions have its own certificate. Cer	mailing can only be used fais certificate cannot be used al paper, such as an assignme of mailing or transmission. rtificate of Mailing or Tran	for any other accompanying ent or formal drawing, must smission		
P. O. BOX 1135 CHICAGO, IL 606 12/03/2004 NNGUYEN2 00	90-1135	NOV 3	2004 (5)	States Postal Service v	his Fee(s) Transmittal is bein with sufficient postage for fi il Stop ISSUE FEE address PTO (703) 746-4000, on the	rst class mail in an envelope		
				Heather Fos	ter	(Depositor's name)		
01 FC:1504 02 FC:8001	300.00 OP 9.00 OP	OF & TRA	DEMARK	YIUUTOT	m	(Signature)		
	00 DA 1330.00 DP			November 80	, 2004	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/864,972	05/25/2001		Dan Stanek		0112690-045	3436		
TITLE OF INVENTION: D		E INDICATOR			0.1200			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1330		\$300	\$1630	11/30/2004		
EXAM	ART UN	T .	CLASS-SUBCLASS]				
VORTMAN	, ANATOLY	2835		337-206000	-			
CFR 1.363). Change of correspond Address form PTO/SB/13 "Fee Address" indicates	e address or indication of "For dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	(1) the names or agents OR, a (2) the name o registered attor 2 registered pa	on the patent front page, li of up to 3 registered pater alternatively, if a single firm (having as mey or agent) and the nan tent attorneys or agents. If we will be printed.	a member a nes of up to	Boyd & Lloyd		
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (pr	int or type)				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NOT	data will appear of a substitute for f	on the patent. If an assign	nee is identified below, the	document has been filed for		
(A) NAME OF ASSIGN	EE	(B) RESIDENCE: (CITY and STATE OR CO	UNTRY)			
Estat for a			W.E.	_^ ***				
Please check the appropriate	assignee category or catego			·	orporation or other private g	oup entity 🚨 Government		
4a. The following fee(s) are	enclosed:	46	. Payment of Fee(
Issue Fee			A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1818 (enclose an extra copy of this form).					
5. Change in Entity Status	(from status indicated above	•)	Deposit Account	Trumber <u>OZ 1010</u>	(Chelose an extra	sopy of this form).		
	MALL ENTITY status. See		☐ b. Applicant i	is no longer claiming SMA	LL ENTITY status. See 37 (CFR 1.27(g)(2).		
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issuublication Fee (if required) vords of the United States Pate	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if any) o from anyone oth Office.	r to re-apply any previous er than the applicant; a reg	ly paid issue fee to the applic sistered attorney or agent; or	ation identified above. the assignee or other party in		
Authorized Signature	49 Schmie				November 30, 200			
Typed or printed name	Patricia Kane S	chmidt		Registration	1 No. 46,446			
This collection of information	on is required by 37 CFR 1.3	11. The informatio	n is required to ob	otain or retain a benefit by	the public which is to file (ar	id by the USPTO to process)		

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

OMB 0651-0033

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOV 3 0 2004 ST

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Dan Stanek, et al.

Appl. No.:

09/864,972

Filed:

May 25, 2001

Title:

DIAGNOSTIC BLOWN FUSE INDICATOR

Art Unit:

2835

Examiner:

Anatoly Vortman

Docket No.:

112690-045

Mail Stop

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY EXPRESS MAIL UNDER 37 CFR 1.10

Sir:

I hereby certify that the following documents relating to the above-identified application:

- 1. Transmittal of Payment of Issue Fee (duplicate);
- 2. Part B—Fee(s) Transmittal (duplicate)
- 3. Check in the Amount of \$1639.00; and
- 4. Return Receipt Postcard.

are being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to:

Mail Stop Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on November 30, 2004.

Respectfully submitted,

BELL, BOYD & LLOYD LLC

Heather Foster

Name of Person Mailing Correspondence

Signature

EV 610004900 US

Express Mail Mailing Label Number

TRANSMITTAL OF PAYMENT OF ISSUE F	Docket No. 112690-045			
(37 (37.11.311)				
Applicant(s): Dan Stanek, et al.				
Application No. Filing Date Examine May 25, 200 Correction Anatoly Vor	ı	tomer No. 29176	Group Art Unit 2835	Confirmation No. 3436
Invention: DIAGNOSTIC BLOWN FUSE INDICATOR				
COMMISSIONÉI P.O. Be	o Issue Fee R FOR PATENT ox 1450 /A 22313-1450	S		
Transmitted herewith are the following for the above-identific	ied application.			
☑ Issue Fee Transmittal Form PTOL-85				
Utility Fee: \$1330.00 Design Fee:		_ 🗆	Plant Fee:	
 ✓ Publication Fee: \$300.00 ✓ A check in the amount of \$1,639.00 is attacted. 	bod			
★ Check in the amount of \$1,039.00 is attack ★ The Director is hereby authorized to charge and credit		nt No.	02-1818	8
as described below.	. Бороон / коооа.		02 101	
Charge the amount of				
Credit any overpayment.				
Payment by credit card. Form PTO-2038 is attached.	muhlia Caadit a			-4 h-
WARNING: Information on this form may become included on this form. Provide credit card informa	ntion and author	ization or	nation should h n PTO-2038.	ot be
All the				
Signature	Dated: No	vember 30	, 2004	
Patricia A. Kane Schmidt				
Reg. No. 46,446				
Bell, Boyd & Lloyd LLC P.O. Box 1135				
Chicago, Illinois 60690-1135				
3 ,				
cc:				
Certificate of Transmission by Facsimile This certificate may only be used if paying by deposit account.	Cer	tificate of M	1ailing by First Cla	ss Mail
I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax No.) on	with the Unite first class ma Patents, P.O. 1.8(a)] on	ed States Po il in an enve Box 1450,	s correspondence is stal Service with sur- elope addressed to ' Alexandria, VA 223	fficient postage as Commissioner for
(Date)	II 	r 30, 2004 ate)	·	
Signature	Sig	nature of Per	son Mailing Correspo	ondence
		Н	eather Foster	
Typed or Printed Name of Person Signing Certificate	Typed or	Printed Name	of Person Mailing C	orrespondence